



9341 Althea St. Louis, MO 63123
Phone: 314-845-2700, Fax:314-845-2711

TABLE OF CONTENTS

1. CHECK SHEET FOR DRIVER QULIFICATION FORMS.....	PG 2
2. DRIVER INFORMATION FORM.....	PG3
3. APPLICATION FOR EMPLOYMENT.....	PG 4 – PG 10
4. REQUEST FOR CHECK OF DRIVING RECORD.....	PG 11
5. PREVIOUS EMPLOYER ENQUIRY.....	PG 12
6. MOTOR VEHICLE DRIVERS	
Certification of Violations/Annual Review of Driving Record.....	PG 13
7. CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE	
REQUIREMENTS.....	PG14
8. DRIVER’S DATA SHEET DUTY RECORD.....	PG 15
9. CERTIFICATE OF COMPLIANCE.....	PG 16
10. RECORD OF ROAD TEST.....	PG 17
11. PRE-EMPLOYMENT URINALYSIS NOTIFICATION.....	PG 18
12. PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST	
STATEMENT.....	PG 19
13. FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT.....	PG 21
14. DRIVER NOTIFICATION LETTER.....	PG 22
15. ALCOHOL & DRUG EMPLOYEE’S CERTIFIED RECEIPT.....	PG 23
16. EMPLOYEE RECEIPT.....	PG 24
17. DRIVER’S RECEIPT	
18. PREVIOUS EMPLOYER ENQUIRY.....	PG 25

CHECK SHEET FOR DRIVER QULIFICATION FORMS

E J A Trucking, Inc.

Instructions to carrier: The below list is furnished as a checklist when hiring new employees and updating driver qualification file paperwork to comply with Part 391.51 of the Federal Motor Carrier Safety Regulations.

DRIVER'S NAME _____

	Date Completed	Initials of Supervisor
1. Application for Employment ...(391.21)	_____	_____
2. Previous Employer Inquiries ...(391.23) (40.25)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
3. Copy of M.V.R(391.23)	_____	_____
4. Violation List.....(391.27)	_____	_____
5. Annual Review(391.25)	_____	_____
6. Certificate of Compliance.....(383.21)	_____	_____
7. Physical Exam-(391.43) Expires: _____	_____	_____
8. Drug Screen Results.....(382.407)	_____	_____
9. Pre-employment Urinalysis Notification.....(382.301)	_____	_____
10. Appendix B & E(382.601) (Company Policy Receipt)	_____	_____
11. Road Test Certificate(391.31) (391.33)	_____	_____
12. Driver Data Sheet(395.8) (0)(2)	_____	_____
13. Hazmat Training Certificate (172.704)(d)	_____	_____
14. ERG Book Receipt(172.704)(d)	_____	_____
15. Hazardous Material Book Receipt.....	_____	_____
16. FMCSR Book Receipt	_____	_____
17. Copy of CDL(172.704)(d)	_____	_____
18. Copy of Social Security Card	_____	_____

DRIVER INFORMATION FORM
(PLEASE PRINT)

EMPLOYEE NAME: _____
(LAST) (FIRST) (MI)

ADDRESS:

(CITY) (STATE) (ZIP)

MAILING ADDRESS FOR CHECK IF DIFFERENT FROM ABOVE:

HOME PHONE # _____ CELL # _____

EMERGENCY CONTACT

NAME: _____ PHONE # _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # ____-____-____

LICENSE INFORMATION

STATE: ____ LIC #: _____ EXP. DATE: _____

CLASS: _____ ENDORSEMENTS: _____

MARRIED OR SINGLE: _____ # OF EXEMPTIONS: _____

MEDICAL EXAM CERTIFICATE DUE DATE: _____

DRIVERS SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

DRIVER CODE: _____ DRIVERS #: _____

DATE OF HIRE: _____ KELLER: _____ MADDOCKS: ____/____

CO. & RATE OF PAY: _____ OR O/O'S NAME: _____

APPLICATION FOR EMPLOYMENT



E. J. A. Trucking, Inc.

9341 Althea

St. Louis, MO 63123

Phone: 314-845-2700

Fax: 314-845-2711

APPLICANT NAME _____ DATE OF APPLICATION _____
(PRINT)

APPLICANTS SIGNATURE _____ DATE _____

THIS CERTIFIES THAT THE APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Position(s) Applied For: _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Social Security Number ____ -- ____ -- ____

List your addresses of residency for the past 3 years:

Current Address: _____
Street City
State Zip Phone: _____ How _____
yr./mo.

Previous Addresses:

1.) _____ How _____
Street City State & Zip Code yr./mo.

2.) _____ How _____
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been bonded? _____ Name of bonding company: _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

*Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish

EMPLOYMENT HISTORY MUST BE CONSECUTIVE WITH NO GAPS

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? ___ Yes ___ No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ Yes ___ No			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? ___ Yes ___ No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ Yes ___ No			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? ___ Yes ___ No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ Yes ___ No			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY MUST BE CONSECUTIVE WITH NO GAPS

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? ___ Yes ___ No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ Yes ___ No			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? ___ Yes ___ No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ Yes ___ No			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? ___ Yes ___ No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ Yes ___ No			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY MUST BE CONSECUTIVE WITH NO GAPS

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? ___ Yes ___ No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ Yes ___ No			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? ___ Yes ___ No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ Yes ___ No			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs ** WHILE EMPLOYED? ___ Yes ___ No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ___ Yes ___ No			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT: _____				
NEXT PREVIOUS: _____				
NEXT PREVIOUS: _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___ Yes ___ No

B. Has any license, permit, or privilege ever been suspended or revoked? ___ Yes ___ No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)		APPROX. # OF MILES (TOTAL)
STRAIGHT TRUCK ___ YES ___ NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR AND SEMI-TRAILER ___ YES ___ NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - TWO TRAILERS ___ YES ___ NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - THREE TRAILERS ___ YES ___ NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTOR COACH-SCHOOL BUS (MORE THAN 7 PASSENGERS) ___ YES ___ NO				
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD? AND FROM WHOM?

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED:

ELEMENTARY SCHOOL: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

(INSTITUTION NAME)

(CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my person, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to E. J. A. TRUCKING, INC.
(Prospective Employer)

for purposes of investigation as required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the follow:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX Section 300002 (a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

_____ The following named person has made an application with our company for the position of _____
_____ in accordance with Section 391.23, Federal Department of
Transportation Regulations please furnish the undersigned with the applicant's driving record for the past
three years.

_____ The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department
of Transportation Regulations please furnish the undersigned with the employee's driving record for the
past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____

(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____

(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

E. J. A. TRUCKING, INC.

(Name of Company)

(Typed Name & Title)

9341 ALTHEA ST. LOUIS MO

(Address)

(City)

(State)

(Signature)

PREVIOUS EMPLOYER ENQUIRY



E. J. A. Trucking, Inc.

9341 Althea
St. Louis, MO 63123
Phone: 314-631-0125
Fax: 314-544-5199

Previous Employer _____

Driver's Name _____

Social Security Number _____ - _____ - _____

The above named driver has made an application with our company and states that he/she worked for you from _____ to _____. We appreciate your time in completing, in confidence, the information requested below.

Please update your company information above, if there were any errors. Thank you.

Dates of employment _____ to _____

Job Title _____

Did he/she drive a motor vehicle for you? _____ If yes, what type?: _____

3- Year Accident History

Date	City, State	# of Injuries	# of Fatalities	Tow

Was he/she a safe and efficient driver? _____

Was he/she a ___ Company Driver ___ Independent Contractor ___ Fleet Driver

Reason for leaving your company ___ Discharged ___ Resigned ___ Laid Off ___ Other: _____

Areas traveled _____

Commodities transported _____

Is this person eligible for re-hire? _____

In the 3 years prior to Contractor's dated release, for DOT regulated testing, did the driver have:

1. Alcohol test with a result of 0.04 or higher? _____
2. Verified positive drug results? _____
3. Any refusals to be tested? _____
4. Other violations of DOT agency drug and alcohol testing regulations? _____
5. Did a previous employer report a drug and alcohol rule violation to you? _____

If you answered "yes" to any of the above questions, did the employee complete the return-to-duty process? _____

If yes, you must also forward the appropriate return-to-duty documentation (SAP reports, follow-up testing record).

Completed by: _____ Date: _____

In compliance with 40.25(g) and 391.23 (h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____

Prospective employees confidential email address: _____

Applicant's Signature

Date

This information is being requested in compliance with 40.25 and 391.23.

MOTOR VEHICLE DRIVERS

Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once ever 12 months, require each driver it employs to prepare and furnish it with list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond of collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

COMPLETED BY DRIVER- VIOLATION CERTIFICATION																							
NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT																					
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE #	STATE	EXPIRATION DATE																				
<p>I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the last 12 months.</p> <p>(If you have had no violations, check the following box - <input type="checkbox"/> None)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left; padding: 5px;">DATE</th> <th style="width: 30%; text-align: left; padding: 5px;">OFFENSE</th> <th style="width: 25%; text-align: left; padding: 5px;">LOCATION</th> <th style="width: 30%; text-align: left; padding: 5px;">TYPE OF VEHICLE OPERATED</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> </tbody> </table> <p>If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.</p> <p>Date of Certification _____ Driver's Signature _____</p>				DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED																				
_____	_____	_____	_____																				
_____	_____	_____	_____																				
_____	_____	_____	_____																				
_____	_____	_____	_____																				
COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD																							
<p>MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.</p> <p>I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):</p> <p><input type="checkbox"/> Meets minimum requirements for safe driving <input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to <input type="checkbox"/> Does not adequately meet satisfactory safe driving performance Section 391.25</p> <p>Action taken with driver:</p> <p>_____</p>																							
<p>Reviewed by: _____</p> <p style="text-align: center;">(Signature) (Date)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Printed Name)</p>																							
<p><u>E. J. A. TRUCKING, INC.</u></p> <p>(Motor Carrier Name)</p>		<p><u>9341 ALTHEA ST. LOUIS, MO 63123</u></p> <p>(Motor Carrier Address)</p>																					

Upon hiring a driver you must complete the Violation Certification portion of this form. A violation follow-up, annual review, and MVR must be annually after that.

**MOTOR VEHICLE DRIVER'S
CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE
REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operators license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer that NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

DRIVER'S DATA SHEET DUTY RECORD

Drivers need to report the hours worked at the beginning of service with a motor carrier, when first returning after extended leave, or on a casual or part-time basis. This hours report shall include the last 7 days.

Driver Name: _____ Date: _____
 (Print)

_____ New Hire _____ Casual/Intermittent/Part-time _____ Returning from leave

ON-DUTY HOURS IN LAST SEVEN DAYS								
DAYS	1 YESTERDAY	2	3	4	5	6	7	TOTAL
HOURS								

I hereby certify the information contained herein is true to the best of my knowledge and belief. I further do certify my duty period ended at: ___/___/___ : ___ AM PM
 (DATE) (TIME) (CIRCLE)

 DRIVER SIGNATURE DATE

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for a person who is not a motor carrier.

(Check One)

Are you currently working for another employer? ___ Yes ___ No

At this time do you intend to work for another employer while still employed by this company? ___ Yes ___ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature **Date**

Witness: _____
 Company Representative Date

CERTIFICATE OF COMPLIANCE

LICENSE COMPLIANCE

Please be aware contractors are still only allowed to possess one driver's license. You need to surrender any licenses in your possession from states other than your current home state of residence. This is not a new regulation but we wanted to remind you of the requirement and the expectation for you compliance.

MOVING VIOLATIONS

Further, as a commercial motor vehicle operator, you will need to notify the Company by the end of the NEXT BUSINESS DAY if your license is suspended or revoked. You also need to notify the Company WITHIN & DAYS if you receive a moving violation (other than a parking ticket), and/or any DOT Inspection.

COMPENSATED WORK

Also, note you are required to notify the Company of any time spent performing work for another employer (motor carrier or otherwise) for compliance with the hours of service requirements.

I, _____, understand the above topics and know it is
(Carrier Name)
my responsibility to comply with the above procedures and company policy affiliated with them.

My current driver's license:

Issue State: _____ License #: _____
Expiration Date: _____

I further certify (choose only one):

___ I am / ___ I am not performing any compensated work for another motor carrier or non-motor carrier entity. Should I begin to perform any compensated work, I will immediately notify my Contractor Assistant and submit hours worked on a weekly basis.

Driver's Signature: _____
Date: _____

Record of Road Test

This road test includes testing the driver for the following skills:

1. Pre-trip inspections.
2. Coupling and uncoupling of tractors and semi-trailers, if required.
3. Placing vehicle in operation.
4. Use of controls and emergency equipment.
5. Operating in traffic and passing other vehicles.
6. Making turns in traffic (does driver check mirrors when making right turns).
7. Braking, and slowing by means other than braking.
8. Safe backing and parking (does driver ensure all is clear before backing).

I gave the driver named below a road test, and he performed all above and other related activities satisfactorily, except

Indicate where *additional* training needed

Was the importance of Pre-trip inspections explained to the driver? _____

Signature of Examiner _____ Date _____

CERTIFICATE OF ROAD TEST

Driver's Name _____ Social Security # _____
Operators/ CDL License # _____ State ____ Exp. Date _____
Type of Power Unity _____ Type of Trailer _____

This is to certify that the above named driver was given a road test under my supervision on _____ . Consisting of approximately _____ miles of driving and it is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

_____ 391.33 Carrier accepted copy of CDL License in lew of road test (CDL license attached)

Signature of Examiner

Title

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 --- pre-employment testing requirements apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

- (a) **A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.**
- (b) **A driver-applicant shall submit to controlled substance testing as a prequalification condition.**
- (c) **Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.**

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be give to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (Type or Print)

Applicant's Signature

Date

Company Representative's Signature

Date

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective
Employee Name: _____ Social Security #: _____ - _____ - _____
(Please Print)

The prospective employee is required by Sec. 40.250 to respond to the following:

- 1) Have you tested positive, or refused to test , on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide (obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ **Date:** _____

Witnessed By _____ **Date:** _____
(Signature)

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for contract purposes. These reports are required by Section 382.413, 391.25 of the Federal Motor Carrier Safety Regulations.

DRIVER'S SIGNATURE

DATE

PRINTED NAME

SOCIAL SECURITY #

DRIVER NOTIFICATION LETTER

APP. B

I certify that I have received a copy of, and have read the above company policy on Alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver, I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a problem with alcohol or drug abuse during my employment with _____.

I will seek assistance through the current alcohol and drug testing administrator.

Driver's Signature

Date

Alcohol And Drug Employee's Certified Receipt

APP.E

E. J. A. TRUCKING, INC.

Company/Department

Employee's Name

This is to certify that I have been provided educational materials required by 382.601 and my employer policies and procedures with respect to metering the Part 382 requirements. The materials include detailed discussion of the following check items:

- ___ 1. The designated person to answer questions about the materials.
- ___ 2. The categories of drivers subject to Part 382.
- ___ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- ___ 4. Specific information concerning prohibited driver conduct.
- ___ 5. Circumstances under which a driver will be tested.
- ___ 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- ___ 7. The requirement that tests are administered in accordance with Part 382.
- ___ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- ___ 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and Part 40. Subpart 0 procedures.
- ___ 10 The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- ___ 11. Information on the affects of alcohol and controlled substances use on:
 - an individuals health
 - work
 - personal life
 - signs and symptoms of a problem
 - available methods of intervening when a problem is suspected

___ 12. Optional Information:

Employee's Signature

Date

Authorized Employer Representative

Date

DRIVER'S RECEIPT

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Part- 40, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

DRIVER'S SIGNATURE

DATE

E. J. A. TRUCKING, INC.
COMPANY NAME

COMPANY SUPERVISOR'S SIGNATURE

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's qualification file.

NEW BOOKS SHOULD BE ISSUED YEARLY

EMPLOYEE'S RECEIPT

I ACKNOWLEDGE RECEIPT OF THE 2004 Emergency Response Pocketbook (14-ORS-4), detailing emergency response materials prepared by the staff of Transport Canada, the U.S. Department of Transportation, and the Secretary of Communication and Transport of Mexico.

EMPLOYEE'S SIGNATURE

DATE

E. J. A. TRUCKING, INC.
COMPANY

COMPANY SUPERVISOR'S SIGNATURE

NOTE: This receipt shall be read and signed by the employee. A responsible company supervisor shall countersign the receipt and place it in the employee's personnel file.

DRIVER'S RECEIPT

I ACKNOWLEDGE RECEIPT OF THE Hazardous Materials Compliance Pocketbook (119-ORS) which details driver responsibilities and duties in the transportation of hazardous materials, as prescribed by the U.S. Department of Transportation in Title 49 CFR Parts 107, 171-180 and 390-397.

DRIVER'S SIGNATURE

DATE

E. J. A. TRUCKING, INC.
COMPANY

COMPANY SUPERVISOR'S SIGNATURE

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place in the driver's file.

DRIVER'S RECEIPT

I ACKNOWLEDGE RECEIPT of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

DRIVER'S SIGNATURE

DATE

E. J. A. TRUCKING, INC.
COMPANY

COMPANY SUPERVISOR'S SIGNATURE

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place in the driver's qualification file.

PREVIOUS EMPLOYER ENQUIRY



E. J. A. Trucking, Inc.
 9341 Althea
 St. Louis, MO 63123
 Phone: 314-631-0125
 Fax: 314-544-5199

Previous Employer

METHOD	Date Sent/Received
Mailed	____/____/____
Faxed	____/____/____
E-mailed	____/____/____
Phoned	____/____/____
Spoke to:	_____
Attempt: 1 ___ 2 ___ 3 ___	

Driver's Name _____

Social Security Number _____-_____-_____

The above named driver has made an application with our company and states that he/she worked for you from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Please update your company information above, if there were any errors. Thank you.

Dates of employment _____ to _____

Job Title _____

Did he/she drive a motor vehicle for you? _____ If yes, what type?: _____

3- Year Accident History

Date	City, State	# of Injuries	# of Fatalities	Tow
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Was he/she a safe and efficient driver? _____

Was he/she a ___ Company Driver ___ Independent Contractor ___ Fleet Driver

Reason for leaving your company ___ Discharged ___ Resigned ___ Laid Off ___ Other: _____

Areas traveled _____

Commodities transported _____

Is this person eligible for re-hire? _____

In the 3 years prior to Contractor's dated release, for DOT regulated testing, did the driver have:

6. Alcohol test with a result of 0.04 or higher? _____
7. Verified positive drug results? _____
8. Any refusals to be tested? _____
9. Other violations of DOT agency drug and alcohol testing regulations? _____
10. Did a previous employer report a drug and alcohol rule violation to you? _____

If you answered "yes" to any of the above questions, did the employee complete the return-to-duty process? _____

If yes, you must also forward the appropriate return-to-duty documentation (SAP reports, follow-up testing record).

Completed by: _____ Date: _____

In compliance with 40.25(g) and 391.23 (h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____

Prospective employees confidential email address: _____

 Applicant's Signature Date

This information is being requested in compliance with 40.25 and 391.23.